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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

C.S. NONE 8/17/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

C.S. NONE 8/17/05

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature 	Initials C.S.			

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## TITLE

Method, system, and storage medium for providing comprehensive originator identification services

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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